

OBSTETRICS & GYNECOLOGY



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- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:
obgyn@greenjournal.org.

Date: 05/26/2023
To: "Kelly Young-Wolff" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-23-730

RE: Manuscript Number ONG-23-730

Prenatal Cannabis Use: Patient Experiences and Implications for Obstetric Clinicians

Dear Dr. Young-Wolff:

Thank you for sending us your work for consideration for publication in Obstetrics & Gynecology. Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors would like to invite you to submit a revised version for further consideration.

If you wish to revise your manuscript, please read the following comments submitted by the reviewers and Editors. Each point raised requires a response, by either revising your manuscript or making a clear argument as to why no revision is needed in the cover letter.

To facilitate our review, we prefer that the cover letter you submit with your revised manuscript include each reviewer and Editor comment below, followed by your response. That is, a point-by-point response is required to each of the EDITOR COMMENTS (if applicable), REVIEWER COMMENTS, and STATISTICAL EDITOR COMMENTS (if applicable) below. The revised manuscript should indicate the position of all changes made. Please use the "track changes" feature in your document (do not use strikethrough or underline formatting). Upload the tracked-changes version when you submit your revised manuscript.

Your submission will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by 06/16/2023, we will assume you wish to withdraw the manuscript from further consideration.

EDITOR COMMENTS:

1. Thank you for submitting this work to Obstetrics & Gynecology. If you opt to submit a revision, please remove race in parentheses from quotes that are not specific to your evaluation of race.
2. Help us reduce the number of queries we add to your manuscript after it is revised by reading the Revision Checklist at https://journals.lww.com/greenjournal/Documents/RevisionChecklist_Authors.pdf and making the applicable edits to your manuscript.

REVIEWER COMMENTS:

Reviewer #1:

The authors conducted a qualitative interview study to explore patients' potential reasons for prenatal cannabis use, perceptions of safety, desired healthcare experiences, and preferred information about prenatal cannabis use during early pregnancy as well as whether patients' race is Black or White would have an impact on the findings to aid future patient-clinician communication.

Strengths: The focus group interview sample size is good. However, the authors are suggested to address several issues to further improve this manuscript:

1. Major concern: Based on the manuscript, a strong selection bias potentially undermines the credibility and the transferability of the study findings. The authors are suggested to reconsider the study goal/research question and/or specify their hypothesis which is missing currently.
 - a. Sample patients who self-reported cannabis use during early pregnancy only. There are two issues unclear: 1) Who provided cannabis for these patients (e.g., PCP or OB) and when (e.g., pre-pregnancy or during 1st trimester). 2) If a patient considered cannabis were dangerous, she would likely refuse to use it at the beginning. These issues may prevent

this study from fully explore the study goals especially "perceptions of safety" and "preferred information". Therefore, it is not a surprise that this study found out "Participants also perceived overall health benefits and greater safety of cannabis in comparison to prescription and over-the-counter medications (page 8)" and "A few patients said that they discounted clinicians' warnings about the risks of prenatal cannabis use believing doctors were professionally required to discourage use (page 10)". If this study were including patients who never use cannabis, these findings might be changed.

b. Sample non-Hispanic White and non-Hispanic Black English-speaking adults only. This study aims to explore "racial differences in these perceptions and preferences (page 5)". However, this inclusion criteria greatly limits the race diversity. I would recommend the authors to specify the racial differences between non-Hispanic White and non-Hispanic Black.

2. Other issues:

a. Methods: Please specify following questions:

- i. The inclusion and exclusion criteria. For example, early pregnancy is defined as XXX.
- ii. Why "Individuals with daily or weekly self-reported use during early pregnancy were prioritized"?
- iii. Time interval between patient scheduled the interview and the actual interview.
- iv. It would help readers to better interpret the findings if the authors could attach the interview guide.
- v. Coding process: Based on the manuscript, some authors created a codebook, and then other authors used this codebook to code transcripts, and then reach consensus on the codebook, and then coded transcripts independently. This process is a bit confusing. Usually, the research team needs to discuss the codes and reach consensus prior to coding independently. So, it is unclear why the 2nd group of authors used the unverified/unapproved codebook to code. The authors should clarify it.
- vi. The description "All agreed that thematic saturation was achieved after the eighteenth focus group" is inappropriate based on the manuscript. The research team should continue discussing the codes/disparities until achieving thematic saturation, given there was no more eligible patients would like to be interviewed.
- vii. Several typos under Methods, the authors should fix them.

b. Results:

- i. 1) Almost 50% eligible patients dropping off which may influence the findings. The authors should address it under study limitations.
- ii. The authors should clearly define subthemes in Table 1 and Table 2, such as "Reasons for cannabis use" include X, Y, and Z. and then add the quotes and frequency of code/excerpt after each subtheme.
- iii. Given it is a qualitative study, SRQR or COREQ checklist may be better than STROBE.

c. Discussion: The authors are suggested to revise discussions based on their refined study goals.

Reviewer #2:

The article is well written. There are no issues with the methods. Qualitative study with information gleaned from study group interviews. Themes were clearly presented and discussed. The reviewer did a quick PubMed search, and came across the following article, PMID 35445514 titled "Pregnant People's Perspectives On Cannabis Use During Pregnancy: A Systematic Review and Integrative Mixed-Methods Research Synthesis." In this systematic review, they evaluated 26 studies which had already covered the aspects investigated in this paper regarding patient's views and opinions regarding marijuana use in pregnancy. The same themes are reported and do not seem to be different.

The aspect of the paper which possibly worth reporting are the differences in opinions between black and white users of Marijuana. Their fears are slightly different, as reported in this paper, with regards to reporting to authorities, or involvement with legal system. Perhaps the paper would be better positioned to articulate difference in attitudes/fears between these different race groups as the main primary question, rather than as a secondary analysis.

Reviewer #3:

GENERAL COMMENTS:

The authors present a qualitative study with the primary aims of understanding pregnant patients' reasons for prenatal cannabis use and perceptions of safety, desired and undesirable healthcare experiences, and desired information about prenatal cannabis use. Secondly, they sought to understand racial differences in these perceptions and preferences. Understanding patients' perceptions and preferences is important because perinatal cannabis use is associated with adverse pregnancy outcomes and obstetricians need to communicate these risks appropriately to patient with the goal of

motivating behavior change. However, some aspects of the methodology such as lack of consideration of the sample size and focus group sizes as small as 1 patient raised potential concerns about the validity of the findings.

SPECIFIC COMMENTS:

1. Racial representation of the pregnant individuals (30 White, 23 Black) in the focus groups, allowing exploration of differences by race is a strength.
2. The participants were all patients who self-reported cannabis use at prenatal care entry. This misses patients who stopped using at the beginning of pregnancy, potentially resulting in a biased sample.
3. No sample size consideration was presented. How do we know that 18 focused groups including 53 pregnant people is sufficient to draw definitive conclusions?
4. Some focus groups included as few as 1 patient. Is activity with 1 patient not an interview, rather than focused groups?
5. Given the large number of eligible participants it appears quantitative data on these perceptions and preferences uncovered would have been a nice complement to the qualitative data in the same population. This is missed opportunity.

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Sincerely,

Torri D. Metz, MD, MS
Deputy Editor, Obstetrics

The Editors of Obstetrics & Gynecology

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.

June 2, 2023

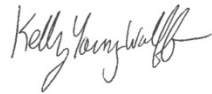
Torri D. Metz, MD, MS
Deputy Editor, Obstetrics
The Editors of Obstetrics and Gynecology

Dear Dr. Metz,

Thank you very much for your thoughtful review of our research letter entitled, **“Prenatal Cannabis Use: Patient Experiences and Implications for Obstetric Clinicians”**. We have made the suggested changes and responded to the queries, and we believe that the manuscript is now much improved.

We respectfully request your continued consideration of our work for publication in *Obstetrics and Gynecology*.

Sincerely,



Kelly Young-Wolff, PhD, MPH
Research Scientist
Division of Research
Kaiser Permanente Northern California

EDITOR COMMENTS:

1. Thank you for submitting this work to Obstetrics & Gynecology. If you opt to submit a revision, please remove race in parentheses from quotes that are not specific to your evaluation of race.

We have removed race in parentheses from quotes that are not specific to our evaluation of race.

2. Help us reduce the number of queries we add to your manuscript after it is revised by reading the Revision Checklist at [https://urldefense.com/v3/https://journals.lww.com/greenjournal/Documents/RevisionChecklist_Authors.pdf;!!BZ50a36bapWJ!u6T47MKnPY7jzhHMD8firBeviwv7rOckFf-s3cTo vk2hJoy0fsd3HXf58x63zCcLaCMRhNhLqo6B-X2VzcKuJy-w\\$](https://urldefense.com/v3/https://journals.lww.com/greenjournal/Documents/RevisionChecklist_Authors.pdf;!!BZ50a36bapWJ!u6T47MKnPY7jzhHMD8firBeviwv7rOckFf-s3cTo vk2hJoy0fsd3HXf58x63zCcLaCMRhNhLqo6B-X2VzcKuJy-w$) and making the applicable edits to your manuscript.

We have reviewed the checklist to ensure our revision follows the criteria. Thank you.

We note that our responses to the reviewers match the page and paragraphs in the CLEAN manuscript version attached.

REVIEWER COMMENTS:

Reviewer #1:

The authors conducted a qualitative interview study to explore patients' potential reasons for prenatal cannabis use, perceptions of safety, desired healthcare experiences, and preferred information about prenatal cannabis use during early pregnancy as well as whether patients' race is Black or White would have an impact on the findings to aid future patient-clinician communication.

Strengths: The focus group interview sample size is good. However, the authors are suggested to address several issues to further improve this manuscript:

1. Major concern: Based on the manuscript, a strong selection bias potentially undermines the credibility and the transferability of the study findings. The authors are suggested to reconsider the study goal/research question and/or specify their hypothesis which is missing currently.

We hope that our responses to your more detailed questions below have addressed this concern. We do not include a hypothesis because the goal of this qualitative research is to generate hypotheses.

- a. Sample patients who self-reported cannabis use during early pregnancy only. There are two issues unclear: 1) Who provided cannabis for these patients (e.g., PCP or OB) and when (e.g., pre-pregnancy or during 1st trimester). 2) If a patient considered cannabis were dangerous, she would likely refuse to use it at the beginning. These issues may prevent this study from fully explore the study goals especially "perceptions of safety" and "preferred information". Therefore, it is not a surprise that this study found out "Participants also perceived overall health benefits and greater safety of cannabis in comparison to prescription and over-the-counter medications (page 8)" and "A few patients said that they discounted clinicians' warnings about the risks of prenatal cannabis use believing doctors were professionally required to discourage use (page 10)". If this study were including patients who never use cannabis, these findings might be changed.

Our study selected pregnant individuals who self-reported that they had individually chosen to use cannabis during pregnancy as part of standard screening at entrance to prenatal care. The question specifically asks about use since the individual became pregnant (i.e., during pregnancy) and Kaiser Permanente Northern California physicians do not provide cannabis to patients. The purpose of this study is to understand reasons for cannabis use, perceptions of safety, and desired healthcare experiences of pregnant individuals who use cannabis during pregnancy and these questions could not be answered using a sample of pregnant individuals who had never used cannabis. We believe this is clearly stated in the manuscript but would be happy to further clarify if the editor would like us to.

- b. Sample non-Hispanic White and non-Hispanic Black English-speaking adults only. This study aims to explore "racial differences in these perceptions and preferences (page 5)". However, this inclusion criteria greatly limits the race diversity. I would recommend the authors to specify the racial differences between non-Hispanic White and non-Hispanic Black.

We agree that it would be helpful for future studies to include pregnant individuals from additional racial/ethnic groups. For this initial study, we wanted to focus on Black and White individuals, who have the highest prevalence of prenatal cannabis use, and we also wanted to have racial concordance of

participants and focus groups facilitators to support participant comfort and openness – racially concordant groups have been found to be a beneficial and culturally-responsive approach in qualitative research, especially when participants are asked to share potentially sensitive or controversial comments; see page 7, paragraph 1. It was outside of the scope of the current funding to include participants from additional racial/ethnic groups, but this will be a focus of our future work. We now clarify that in our secondary aim we are looking at racial differences between non-Hispanic White and non-Hispanic Black participants (rather than at racial differences more broadly; page 5, paragraph 3).

2. Other issues:

a. Methods: Please specify following questions:

i. The inclusion and exclusion criteria. For example, early pregnancy is defined as XXX.

We state in the Design and Study setting section that the substance use screening occurs at entrance to prenatal care (at approximately 8 weeks gestation). We have added this information again in the Participant section (page 6, paragraph 2).

ii. Why "Individuals with daily or weekly self-reported use during early pregnancy were prioritized"?

We clarify why we prioritized individuals with daily or weekly use on page 6, paragraph 2.

iii. Time interval between patient scheduled the interview and the actual interview.

Thank you – we have added the average (9.1 days) and standard deviation (8.3 days) between focus group scheduling and attendance on page 7, paragraph 1.

iv. It would help readers to better interpret the findings if the authors could attach the interview guide.

We have added detail about the domains of interest in the focus groups and specific question examples related to cannabis-related communication and trust with healthcare providers on page 7, paragraph 2. Because we have previously published other results from these focus groups and some of our instructions and questions were specific to services provided within our healthcare system, we felt that providing example questions would provide more clarity to readers over the focus group guide in its entirety. We would, however, be happy to provide the full guide if the editor deems it appropriate.

v. Coding process: Based on the manuscript, some authors created a codebook, and then other authors used this codebook to code transcripts, and then reach consensus on the codebook, and then coded transcripts independently. This process is a bit confusing. Usually, the research team needs to discuss the codes and reach consensus prior to coding independently. So, it is unclear why the 2nd group of authors used the unverified/unapproved codebook to code. The authors should clarify it.

We have clarified the Methods section on page 8, paragraph 1-2, to more clearly describe our coding processes.

- vi. The description "All agreed that thematic saturation was achieved after the eighteenth focus group" is inappropriate based on the manuscript. The research team should continue discussing the codes/disparities until achieving thematic saturation, given there was no more eligible patients would like to be interviewed.

We have edited our language on page 8, paragraph 1 to better reflect how saturation was achieved. We met weekly to debrief the focus groups and determined that thematic saturation had been achieved by the 18th group. We had many more eligible participants whom we could have interviewed but stopped after we were no longer hearing any new information.

- vii. Several typos under Methods, the authors should fix them.

We have fixed several typos in the Methods section.

b. Results:

- i. Almost 50% eligible patients dropping off which may influence the findings. The authors should address it under study limitations.

We have added this to the study limitations on page 15, paragraph 2.

- ii. The authors should clearly define subthemes in Table 1 and Table 2, such as "Reasons for cannabis use" include X, Y, and Z. and then add the quotes and frequency of code/excerpt after each subtheme.

We have added definitions of subthemes in Tables 1 and 2. Our focus group study was not designed to report on frequencies of codes; frequency counts are not aligned with thematic analysis, which is our methodological approach. As such, the goal was not to count how many times specific themes came up but rather to generate potential relevant themes of importance related to cannabis use during pregnancy.

- iii. Given it is a qualitative study, SRQR or COREQ checklist may be better than STROBE.

Our study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) Guidelines. We have added this to page 8, paragraph 3.

c. Discussion: The authors are suggested to revise discussions based on their refined study goals.

We hope that our answers to your questions have helped clarify the original study goals, which we believe are well-designed and appropriate.

Reviewer #2:

The article is well written. There are no issues with the methods. Qualitative study with information gleaned from study group interviews. Themes were clearly presented and discussed. The reviewer did a quick PubMed search, and came across the following article, PMID 35445514 titled "Pregnant People's Perspectives On Cannabis Use During Pregnancy: A Systematic Review and Integrative Mixed-Methods Research Synthesis." In this systematic review, they evaluated 26 studies which had already covered the

aspects investigated in this paper regarding patient's views and opinions regarding marijuana use in pregnancy. The same themes are reported and do not seem to be different.

Thank you for these kind words. While prior studies have examined pregnant individual's reasons for cannabis use and perceptions of risk, few have directly elicited feedback from pregnant individuals who use cannabis about how to improve conversations with clinicians around prenatal cannabis use. Further, while prior studies have assessed where participants get their information about prenatal cannabis use, our study is novel in its assessment of how participants would like conversations with clinicians to go, what specific information they would like, and how they would prefer to get this information. We have added this to the discussion section (page 14, paragraph 4).

The aspect of the paper which possibly worth reporting are the differences in opinions between black and white users of Marijuana. Their fears are slightly different, as reported in this paper, with regards to reporting to authorities, or involvement with legal system. Perhaps the paper would be better positioned to articulate difference in attitudes/fears between these different race groups as the main primary question, rather than as a secondary analysis.

We agree that the differences between Black and White individuals who use cannabis is a very important aspect of the study. However, the lack of differences by race in most of the key themes is notable and important. We strongly believe the overall findings add novel information to the literature, and we prefer to keep the primary and secondary questions as they are.

Reviewer #3:

GENERAL COMMENTS:

The authors present a qualitative study with the primary aims of understanding pregnant patients' reasons for prenatal cannabis use and perceptions of safety, desired and undesirable healthcare experiences, and desired information about prenatal cannabis use. Secondarily, they sought to understand racial differences in these perceptions and preferences. Understanding patients' perceptions and preferences is important because perinatal cannabis use is associated with adverse pregnancy outcomes and obstetricians need to communicate these risks appropriately to patient with the goal of motivating behavior change. However, some aspects of the methodology such as lack of consideration of the sample size and focus group sizes as small as 1 patient raised potential concerns about the validity of the findings.

We appreciate this comment. Due to difficulties with scheduling and last-minute cancellations, we had two focus groups that only included one person each. However, we did not want to exclude those data as the responses from the patients are still valuable. We have added the varying focus size group to the limitations (page 15, paragraph 2).

SPECIFIC COMMENTS:

1. Racial representation of the pregnant individuals (30 White, 23 Black) in the focus groups, allowing exploration of differences by race is a strength.

Thank you.

2. The participants were all patients who self-reported cannabis use at prenatal care entry. This misses patients who stopped using at the beginning of pregnancy, potentially resulting in a biased sample.

Our sample includes pregnant individuals who self-reported any cannabis use during pregnancy, but not necessarily current use at the time of the screening; thus, we do not miss patients who stopped using at the beginning of pregnancy. We do not capture patients who quit use prior to pregnancy onset, but the perspectives of those individuals are not the focus of the current study. Please see page 6, paragraph 2.

3. No sample size consideration was presented. How do we know that 18 focused groups including 53 pregnant people is sufficient to draw definitive conclusions?

Our team used the standard definition of thematic saturation that is typically utilized in qualitative research; that is, after conducting a number of interviews or focus groups, in this case 18 focus groups consisting of 53 unique individuals, we did not observe any new information or themes. We have provided citations in the manuscript to support our approach (page 8, paragraph 1). Additionally, we would never suggest that a qualitative study provides definitive conclusions. Rather, these data and analyses provide insight into the issues surrounding pregnant women and cannabis use. We provide these insights as a means to advance the field and provide data for supporting clinician conversations with pregnant patients, and hypothesis generation for larger survey and/or electronic health record-based samples from which it is more appropriate to draw definitive conclusions.

4. Some focus groups included as few as 1 patient. Is activity with 1 patient not an interview, rather than focused groups?

Please see our response to Reviewer 3 General Comments. We have added this to the limitations on page 15, paragraph 2.

5. Given the large number of eligible participants it appears quantitative data on these perceptions and preferences uncovered would have been a nice complement to the qualitative data in the same population. This is missed opportunity.

Thank you for this suggestion. We only had funding for the focus groups and our electronic health record does not include data on these perceptions and preferences. However, we agree that a future survey study that examines this would be an important next step!